

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
101676555

FILING DATE

CLAIMS

AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.
1			1						51
2			1						52
3			1						53
4			1						54
5									55
6									56
7			1						57
8			1						58
9									59
10									60
11									61
12									62
13									63
14									64
15									65
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39									89
40									90
41									91
42									92
43									93
44									94
45									95
46									96
47									97
48									98
49									99
50									100
TOTAL IND.									TOTAL IND.
TOTAL DEP.									TOTAL DEP.
TOTAL CLAIMS									TOTAL CLAIMS